

# MEDICAID FACTSHEET

## PROSTHETICS/DME

Expenditures for Prosthetics/DME  
as % of Total Hosp/Med Exp:

SFY98:	0.74%
SFY99:	0.94%
SFY00:	0.99%
SFY01:	0.97%
SFY02:	0.91%

*Prosthetics Services are defined as durable medical equipment/oxygen, orthotic appliances, prosthetic devices, augmentative communication devices, specialized wheelchairs, wheelchair seating systems and specialized rehabilitative equipment. Prosthetics services may include any or all of these services.*

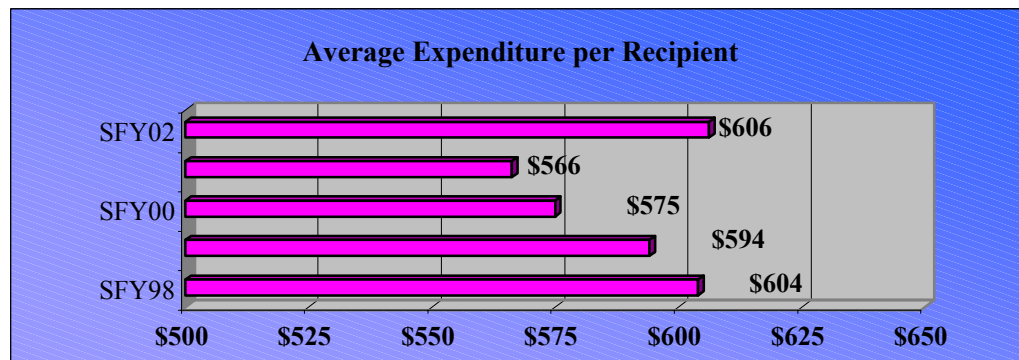
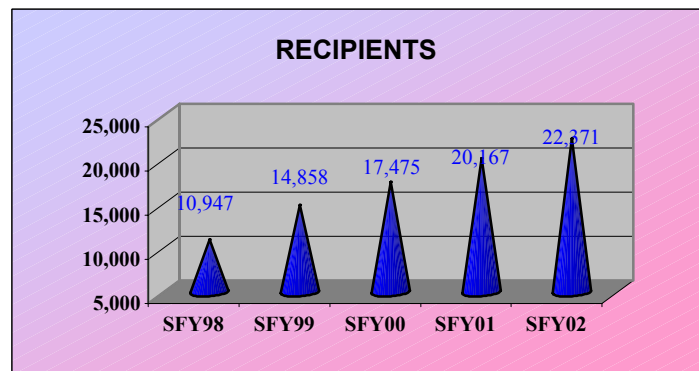
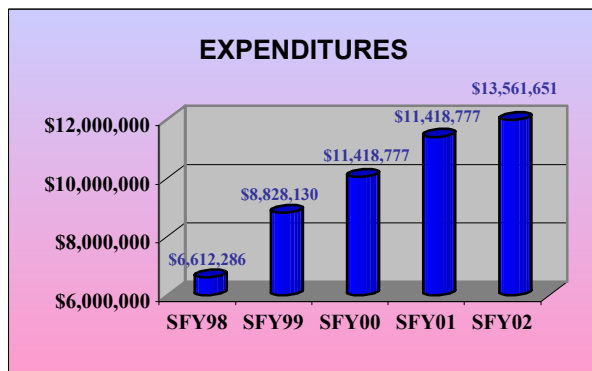
Services must be medically necessary and prescribed by the recipient's Primary Care Physician (PCP) unless the recipient is exempt from PCP requirements. Specified services are covered for recipients of all ages. Certain services are covered only for recipients under age 21 in the EPSDT Program. Where applicable, Prior Authorization is required.

*In order to be covered for services, a recipient's place of residence may not include a hospital, a skilled nursing facility, intermediate care facility or any other supervised living setting which is required to provide prosthetic services.*

### Non-Covered Services:

- \* Orthotic appliances and prosthetic devices for recipients over age 21
- \* Over-the-counter items provided through the Pharmacy Program
- \* Over-the-counter drugs
- \* Specialized wheelchair equipment which has ever been previously purchased for the recipient
- \* Wheelchairs for recipients under age 21 within two years of the purchase of a specialized wheelchair
- \* food stuffs; hyperalimentation

*At least once every 6 months, the Primary Care Physician must certify medical necessity for prosthetics*



Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual